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FILED
 96 MAY 13 PM 4:01
 TALLAHASSEE, FLORIDA

Bond Accounting & Tax, Inc.
133 North State Road 7
Plantation, Florida 33317

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Professional Healthcare Staffing Inc.
 (Corporation Name) (Document #)

2. _____
 (Corporation Name) (Document #) **600001819986**
-05/14/96--01039--008
******122.50 ****122.50**

3. _____
 (Corporation Name) (Document #)

4. Registered agent name was corrected
 (Corporation Name) (Document #)
by permission of Aitha Richards

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

D. BROWN MAY 20 1996.

Examiner's Initials	
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CERTIFICATE OF INCORPORATION
OF
PROFESSIONAL HEALTH CARE STAFFERS INC.

FILED
MAY 13 11 40 AM
TALLAHASSEE, FLORIDA

I, the undersigned, in order to form a corporation from the purposes hereinafter stated, under and pursuant to the provisions of the General Corporation Law of the State of Florida, do hereby certify as follows:

FIRST: The name of the corporation is:
PROFESSIONAL HEALTHCARE STAFFERS INC.

SECOND: The registered office of the corporation and place of business is in the State of Florida is to be located at ONE N.E. 39th Street, in the City of Oakland Park, County of Broward. The name of the registered agent at that address is
Dwight Richards.

THIRD: The nature of the business, and the objects and purposes proposed to be transacted, promoted and carried on, are to do any and all things therein mentioned, as fully and to the same extent as natural persons might or could do, and in any part of the world, viz

To do any lawful act or thing for which corporations may be organized under the General Corporation Law of the State of Florida.

FOURTH: The total number of shares which the corporation is authorized to issue is 1000 shares no par value.

FIFTH: The name and address of the incorporator is as follows:

Name
Harriet G. Bond

Address
133 North State Road 7
Plantation, Florida 33317

SIXTH: The powers of the incorporator are to terminate upon filing of the Certificate of Incorporation, and the name(s) and mailing address(es) of the person(s) who is (are) to serve as Director(s) until the first annual meeting of stockholders or until their successors are elected and qualify is (are) as follows:

Name
Dwight Richards

Address
One N.E. 39th Street
Oakland Park, Fl 33309

SEVENTH: The Directors shall have power to make and to alter or amend the By-Laws; to fix the amount to be reserved as working capital and to authorize and cause to be executed, mortgages and liens without limit as to the amount, upon the property and franchises of this Corporation.

With the consent in writing, and pursuant to a vote of the holders of a majority of the capital stock issued and outstanding, the Directors shall have authority to dispose, in any manner, of the whole property of the Corporation.

The By-Laws shall determine whether and to what extent the accounts and books of this Corporation, or any of them, stockholder shall have any right of inspecting any account, or book, or document of this Corporation except as conferred by Law of the By-Laws, or by resolution of the stockholders.

The stockholders and directors shall have power to hold their meetings and keep the books, documents and papers of the corporation outside the State of Florida, at such places as may be from time to time designated by the By-Laws or by the resolution of the stockholders or directors, except as otherwise required by the laws of the State of Florida.

It is the intention that the objects, purposes and powers specified in the third paragraph hereof shall, except where otherwise specified in said paragraph, be in nowise limited or restricted by reference to or inference from the terms of any other clause or paragraph in this Certificate of Incorporation, but that the objects, purposes and powers specified in the third paragraph and in each of the clauses or paragraphs of this charter shall be regarded as independent objects, purposes, and powers.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of May, 1996.

Harriet G. Bond
Incorporator

Harriet G. Bond

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:
PROFESSIONAL HEALTHCARE STAFFERS INC.
2. The name and address of the registered agent and office is:

DWIGHT RICHARDS
ONE N.E. 39TH STREET
OAKLAND PARK, FL 33309

Having been named as registered agent and to accept service or process for the above stated corporation at the place designated in this certificate. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dwight Richards
Signature

5/1/96

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

P9600042862

Josephine M. ...
Requestor's Name

ONE MC ...
Address

Chelmsford, FL 35528
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
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2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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97 JUN - 9 PM 2:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 *****35.00 *****35.00

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<input type="checkbox"/>	Other

AMEND
CRG 6/17

Examiner's Initials	
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

PROFESSIONAL HEALTHCARE STAFFERS, INC.

(Previous Name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

The following change in corporate officers and owners:

Previous owner and officer	DWIGHT RICHARDS
New owner and officer	STENNETH ROBINSON
President	

57 JUN -9 PM 2:14
TALLAHASSEE, FLORIDA

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

Shares of stock were cancelled and issued simultaneously with this amendment to the Articles of Incorporation.

THIRD: The date of each amendment's adoption: February 28, 1997

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.
The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
- "The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 28th of February, 19 97.

Signature Dwight Richards
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

DWIGHT RICHARDS
Typed or printed name

PRESIDENT
Title